

CITY OF DELRAY BEACH

Parks and Recreation Department



APPLICATION FOR SPECIAL EVENT

Submittal of this application does not guarantee approval for the event.

Please make sure that you fill out this application completely. Do not forget to include a check for non-refundable application fee payable to the City of Delray Beach.

All Applications must be submitted with a minimum 90 days from the date of the event.

Applications less than 90 days out will not be accepted.

Applicant Information

Applicant: Community Classroom Project Website: www.yourccp.org
Organization/Corporation

Address: 101-102 N. Swinton Ave
Street Address Apartment/Unit #

Delray Bch FL 33444
City State Zip

Phone: 561-479-7181 Email: ali@myspaceofmind.com

Event Producer: Alison Kaufman Cell Phone: 561-927-8605
First Last

Type of Event (check event type and circle organization type):

☐ Commercial (For-Profit/Non-Profit) ☒ Community (For-Profit/Non-Profit) ☐ Athletic (For-Profit/Non-Profit)

SUNBIZ # N16000007225 Please submit IRS non-profit letter with application.

Event Information

Event Name/Title: Something Scary Halloween Block Party + Haunted House

Request Event Location: Space of Mind + NW 1st St - 102 N Swinton

Event Description: Family Friendly Bands + Dining + Halloween Charity fundraiser in street at Restaurant + school + haunted house

	EVENT DATE	DAY OF WEEK	START TIME	END TIME
DAY 1	<u>October 24, 2025</u>	<u>Friday</u>	<u>6:00pm</u>	<u>10:00pm</u>
DAY 2				
DAY 3				

Set-up will begin on: Friday at 12pm in private parking lot
Date Time AM / PM

Breakdown will be completed by: Friday 10/24 at 10pm AM / PM
Date Time

Event Details

Attendance Estimates:

Total Event Attendance: 200 Daily Attendance: _____ Peak Hourly Attendance: _____

Is this an Annual Event? ☒ Yes ☐ No

If yes, # of Years Held: 10 If yes, # of Years Held in Delray Beach: 10 Last Held: 10/25/24

Is this event produced in other cities: ☐ Yes ☒ No

If yes, please list what cities: _____

Is the event open to the public? ☒ Yes ☐ No

Is there an Admission Fee/Ticket Fee? ☒ Yes ☒ No *Free outdoor event. Tickets for indoor haunted house*

If yes, provide fees/ticket prices: Adult/General Admission: \$ _____ Senior: \$ _____ Child: \$ _____

Is fencing to be used (i.e. gated event)? ☒ Yes ☐ No

ROAD CLOSURES

Will your event require road closures? ☒ Yes ☐ No

If YES, please describe the streets and intersection you are requesting to be closed

STREET/INTERSECTION	CLOSURE		RE-OPEN OF ROAD	
	Date / Time		Date / Time	
Example: SW 9 th Ave from SW 1 st St to Atlantic Ave.	Nov 21, 2021 / 7:00am		Nov 21, 2021 / 4:00pm	
NW 1 st St from NW 1 st Ave to N. San Antonio	Oct 24, 2025 2 pm		Oct 24, 2025 10 pm	
	/		/	

GENERAL EVENT COMPONENTS WHICH MAY REQUIRE A TEMP USE PERMIT/WAIVER

General Event Components which may require a Temporary Permit or Code/LDR waiver
(please select all that may apply and add others as needed)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Alcohol (113.02) | <input checked="" type="checkbox"/> Live Music /Amplified Music / Sounds (99.03(a)/99.05) |
| <input type="checkbox"/> Animals (101.27/LDR 2.4.6(f)(8)) | <input checked="" type="checkbox"/> Merchandise Vendors (118.04/110.15) |
| <input checked="" type="checkbox"/> Cooking on Site/Open Flame (96.04) | <input type="checkbox"/> Offsite Parking (4.6.9(5)(b)) & (2.4.6. (F)(7) (2.4.6.(3)(e)) |
| <input type="checkbox"/> Fireworks (99.05/101.20/96.25) | <input checked="" type="checkbox"/> Road Closure (F.S. Chapter 316 & 318) |
| <input checked="" type="checkbox"/> Food Trucks (120.01(c)) | <input checked="" type="checkbox"/> Signs & Banners (LDR 4.6.7(F)) |
| <input checked="" type="checkbox"/> Amusement Games/Rides/Carnival (including inflatables/climbing walls, etc.) (LDR 2.4.6(f)(1)) | |

Please note that if approved, Amusement Rides must be inspected on-site after installation by the Florida Department of Agriculture and Consumer Services (FDACS) and a copy of the temporary amusement ride inspection letter must be provided to the City.

☒ Other Haunted House

Tents: ☒ Yes ☐ No If yes, how many total tents? 15 Size of tents: 10x10' to 20x20'

Please note that a tent permit is required for any tent that is over 10'x20'. Tent Permits are available through the City of Delray Beach Building Department and may take up to 30 days to process.

Consumption/Sale of Alcoholic Beverages: ☒ Yes ☐ No

If yes, what entity is obtaining the Alcohol License permit? List below. (Copy of License and Alcohol Liability Insurance required 30 days prior to event. License holder must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.) DADA Restaurant

Onsite Cooking: ☒ Yes ☐ No

Please specify method: (Fire Marshal inspections are required)

☒ Gas/Compressed Gas
☐ Electric
☐ Fryers

➤ Name of grease removal contractor: _____ Date & time of pickup at end of event: _____

Fireworks / Pyrotechnics: ☐ Yes ☒ No

If yes, specify exact location on the site map of the pyrotechnics will be set-up and fall zone. (City Commission approval is required.)

Food and Beverage Vendors: ☐ Yes ☒ No If yes, number of vendors anticipated at event: _____

(Health Department approval required along with City Business Tax Receipt or Vendor License. Full list will be required prior to event. Each vendor must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)

Food Trucks: ☐ Yes ☒ No If yes, number of food trucks _____

(Food trucks must have current Florida and Health Department permits and inspections and provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)

Live Performances & Music: ☒ Yes ☐ No

If yes, applicant agrees all entertainment will be family-friendly and contain no obscenities. List of all performers and DJs required before event permit is issued. NO Big Deal + Student Band

Merchandise Vendors: ☒ Yes ☐ No If yes, number of vendors anticipated at the event: _____

(City Business Tax Receipt or Vendor License required. Each vendor must provide Certificate of Insurance listing City of Delray Beach as Certificate Holder and Additional Insured.)

Performance Platform (30" high or less): ☒ Yes ☐ No

If yes, number of platforms: 1 (An additional stage permit may be required for anything over 30")

Portable Toilets: ☒ Yes ☐ No

If yes, how many? 2 Vendor providing service? _____ (Note locations on submitted site map)

Use of Onsite City Restrooms during event: ☐ Yes ☒ No

If yes, location of requested restrooms & times being used: _____
(Please note that an additional cost may be incurred for use of City Restrooms which require an attendant.)

Roadway Signage/Pole Banners: ☐ Yes ☒ No (City fees and charges will be incurred with this request).

Trash Boxes & Bags: ☐ Yes ☒ No If yes, the City will determine number needed / staffing.

Access to City Power: ☐ Yes ☒ No If yes, where: _____

EVENT PURPOSE & COMMUNITY BENEFITS

Event Purpose and Community/Public Benefits: Describe the purpose of the event, how the event may meet local community needs, provide community benefits/promote community welfare, stimulate broad economic or cultural activities within a neighborhood or the Central Business District, and/or help build a sense of community.

Bring together adults + kids in a family friendly
Public event on appropriate date before Halloween while
Benefiting CCP charity in partnership with a downtown landmark

EVENT SITE MAP, PARKING PLAN, & SUSTAINABLE PRACTICES

- Please attach a clear and detailed map depicting your event site set-up and include start/finish lines, stages, performance platforms, portable toilets, tents, vendors, food trucks, activities, first aid stations, emergency access points, etc. Also include:

Parking Plan for Attendees, Vendors, etc.: ☐ Yes ☒ No (If yes, please indicate locations on site map)

Use of City Owned-Metered Parking Spaces: ☐ Yes ☒ No

If yes, indicated how many and locations. (City fees and charges will be incurred with this request.)

Are Valet Parking Services being Used? ☐ Yes ☒ No (If yes, indicate Valet location on site map and indicate the name of the service provider.)

Directional Parking Signage Needed YES ☐ NO ☒ If yes, submit signage plan.
Trash Removal Plan to be determined by the City based on each event.

me (Please initial here) Per City of Delray Beach Ordinance 10-19, plastic straws are banned.
Single-use plastics, including Styrofoam, are discouraged. This includes plastic cups, plates, and utensils. Please address locations for recycling and composting.

APPLICATION CHECK LIST

To ensure timely processing of your event application, the following must be submitted at time of application. Please ensure that you have included all the following items with your application:

- ☐ Completed Application
- ☐ Site Map
- ☐ Non-Refundable Applicable Fee

Signature

I certify that I have read the City of Delray Beach Special Events Policy and Guide and the answers provided above are true to the best of my knowledge and intentions. I also understand I may be asked for additional information relating to this application. Additionally, I agree to conform to all City, State, Federal laws and regulations. I also accept responsibility for the general cleaning and removal of trash, recycling, and all other items from the premises and agree to be accountable for any damage to the event site. Finally, I understand that all necessary fees, insurance, outside permits, and other requirements must be submitted before the issuance of the final event permit.

ADA Compliance: I am prepared and willing to grant all reasonable requests for accommodations for this event.

me (Please initial here)

Signature: [Signature]

Date: 7/22/25